

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL		
OMB Number:	323	5-0076
Expires:	April 30	0, 2008
Estimate ge burden hours per re-	sponse	16.00
Pré 07050310		

Name of Offering			1					
Filing Under (check box(es) that apply):	Name of Offering (☐ check if t	nis is an amendment and name has c	hanged, and indicate ch	ange.)				
Type of Filing: New Filing	Units of Common Stock and V	Warrants			·			
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Idaho General Mines, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 10 N. Post Street, Suite 610, Spokane, WA 99201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Mineral exploration and mining Type of Business Organization © corporation limited partnership, already formed other (please specify): Month	Filing Under (check box(es) that	apply): Rule 504	☐ Rule 505 🗵 R	lule 506 🔲 Sec	tion 4(6) ULOE			
1. Enter the information requested about the issuer Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) Idaho General Mines, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 10 N. Post Street, Suite 610, Spokane, WA 99201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same PROCESSE APR. 0 9 2007 Thomson Thomson Financial Corporation ☐ limited partnership, already formed ☐ other (please specify): Month Year Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Type of Filing:	☐ Amendment			·			
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Idaho General Mines, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 10 N. Post Street, Suite 610, Spokane, WA 99201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Mineral exploration and mining Type of Business Organization Corporation limited partnership, already formed other (please specify): Description of Business Organization Other (please specify):		TA. BASIC IDEN	TIFICATION DATA		<u> </u>			
Address of Executive Offices (Number and Street, City, State, Zip Code) 10 N. Post Street, Suite 610, Spokane, WA 99201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Mineral exploration and mining Type of Business Organization Corporation limited partnership, already formed other (please specify): Month Year Limited Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	1. Enter the information requested	about the issuer		 				
Address of Executive Offices (Number and Street, City, State, Zip Code) 10 N. Post Street, Suite 610, Spokane, WA 99201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Mineral exploration and mining Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Name of Issuer (check if this	is an amendment and name has char	nged, and indicate chang	ge.)				
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Mineral exploration and mining Type of Business Organization Corporation Itimited partnership, already formed business trust Itimited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: Incorporation of Incorporation or Organization: Month Year Itinited partnership (Enter two-letter U.S. Postal Service abbreviation for State:	Idaho General Mines, Inc.							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Mineral exploration and mining Type of Business Organization © corporation I limited partnership, already formed business trust limited partnership, to be formed Month Year Limited Date of Incorporation or Organization: 1 1 2 5	Address of Executive Offices (Nun	nber and Street, City, State, Zip Cod	e)	Telephone Numbe	er (Including Area Code)			
(if different from Executive Offices) same PROCESSE: Brief Description of Business Mineral exploration and mining Type of Business Organization Corporation limited partnership, already formed other (please specify): Dusiness trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	10 N. Post Street, Suite 610, Sp	okane, WA 99201		(509) 838-1213				
Brief Description of Business Mineral exploration and mining Type of Business Organization Corporation limited partnership, already formed other (please specify): FINANCIAL Actual or Estimated Date of Incorporation or Organization: 1 1 2 5	Address of Principal Business Ope	rations (Number and Street, City, St	ate, Zip Code)					
Brief Description of Business Mineral exploration and mining Type of Business Organization Corporation limited partnership, already formed other (please specify): FINANCIAL Actual or Estimated Date of Incorporation or Organization: 1 1 2 5	(if different from Executive Office	s)			PROCECU			
Mineral exploration and mining Type of Business Organization Corporation limited partnership, already formed business trust limited partnership, to be formed Month Year	same			same	1100E996"			
Type of Business Organization Corporation limited partnership, already formed other (please specify): FINANCIAL Month Year Actual or Estimated Date of Incorporation or Organization: 1 1 2 5	Brief Description of Business				ADD 0.0			
Description Imited partnership, arready formed Description Imited partnership, arready formed Description Imited partnership, to be formed Description Imited partnership, to be formed Description Descriptio	Mineral exploration and mining	5			APR U 9 2007			
Description Imited partnership, aready formed Description Imited partnership, aready formed Description Imited partnership, to be formed Description Imited partnership, to be formed Month Year	Type of Business Organization			\mathcal{L}	THOMSON			
Actual or Estimated Date of Incorporation or Organization: Month Year		mited partnership, already formed	other (pleas	se specify):				
Actual or Estimated Date of Incorporation or Organization: $1 1 1 2 5 $ E Actual \square Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	business trust limited partnership, to be formed							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:		-	 					
t = 1 + 1								
	Jurisdiction of Incorporation or Or	ganization: (Enter two-letter U.S. Po	ostal Service abbreviation	on for State:				
CN for Canada; FN for foreign jurisdiction)		CN for Canada; FN f	for foreign jurisdiction)	[I]D				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the following:
•
Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full name (Last name first, if individual)
Russell, Robert L.
Business or Residence Address (Number and Street, City, State, Zip Code)
10 N. Post, Suite 610, Spokane, WA 99201
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Hansen, Bruce D.
Business or Residence Address (Number and Street, City, State, Zip Code)
10 N. Post, Suite 610, Spokane, WA 99201
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Benjamin, John B.
Business or Residence Address (Number and Street, City, State, Zip Code)
10 N. Post, Suite 610, Spokane, WA 99201
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Pierson, Gene W.
Business or Residence Address (Number and Street, City, State, Zip Code)
10 N. Post, Suite 610, Spokane, WA 99201
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Radford, Norman A.
Business or Residence Address (Number and Street, City, State, Zip Code)
10 N. Post, Suite 610, Spokane, WA 99201
Check Box(es) that Apply: \square Promoter \square Beneficial Owner \square Executive Officer \square Director \square General and/or Managing Partner
Full name (Last name first, if individual)
Russell, R. David
Business or Residence Address (Number and Street, City, State, Zip Code)
10 N. Post, Suite 610, Spokane, WA 99201
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Nanna, Richard
Business or Residence Address (Number and Street, City, State, Zip Code)
10 N. Post, Suite 610, Spokane, WA 99201
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full name (Last name first, if individual)
Lettes, Mark A.
Business or Residence Address (Number and Street, City, State, Zip Code)
10 N. Post, Suite 610, Spokane, WA 99201 Check Poy(es) that Apply: Represent the Poy(es) that Apply
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full name (Last name first, if individual)
Campoy, Richardo M. Business or Residence Address (Number and Street, City, State, Zip Code)
10 N. Post, Suite 610, Spokane, WA 99201

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full name (Last name first,	if individual)											
Dumont, Robert L.					<u> </u>							
Business or Residence Addr	ess (Number ar	nd Street, City, State, Z	ip Code)									
10 N. Post, Suite 610, Spokane, WA 99201												
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual)												
Full name (Last name first, if individual)												
CCM Master Qualified Fund, Ltd.												
Business or Residence Addr	ess (Number ar	nd Street, City, State, Z	ip Code)									
One N. Wacker Dr., Suite 4:	350, Chicago, I	L 60606										
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full name (Last name first,	if individual)											
Business or Residence Addr	ess (Number ar	nd Street, City, State, Z	ip Code)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full name (Last name first,	Full name (Last name first, if individual)											
Business or Residence Addr	ess (Number ar	nd Street, City, State, Z	ip Code)									
					·							
	(Use bl	ank sheet, or copy and	use additional copies of	f this sheet, as	necessary.)							

4 , 33				· В. І	NFORMAT	TION ABO	UT OFFER	RING	1147 7 20		1. A. (1.)	1. A 1
						124 .4.5	-4	- eet 0			Yes	No ⊠
I. Has th	ne issuer soi	d, or does t			to non-accr dix, Colum:					***************************************	🛮	ഥ
2. What	is the minir	num investi		• •		_					\$3,000),000
				•							-	
3 Does	the offering	nermit ioir	nt ownershir	of a single	unit?						Yes ⊠	No □
										directly, an		•
										e offering. I		
states	, list the na	me of the l	oroker or de	ealer. If me	ore than fiv	e (5) perso:	ns to be list			vith a state o ons of such		
			t forth the in	nformation	for that brol	ker or deale	r only.					
Full name	(Last name	first, if ind	lividual)									
Rusiness	or Residenc	e Address (Number and	d Street Cit	v State Zir	n Code)	· · · · · · · · · · · · · · · · · · ·					
Dusiness	or Residenc	e Maaress (ranioer and	d Officet, Off	iy, biaic, zij	p code)						
Name of	Associated 1	Broker or D	ealer									
			as Solicited								_	All States
(Cnec	[AK]	S or check	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	HI]	All States [ID]
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				[171]	[01]	(,,,	£ j	[,]	[,]	[]		(* **)
ruii name	(Last name	: mrst, ii inc	iividuai)									
Business	or Residenc	e Address (Number and	d Street, Cit	y, State, Zij	p Code)					•	
21 0		~ ·								 .		
Name of A	Associated I	Broker or D	ealer									
States in V	Which Perso	on Listed H	as Solicited	or Intends	to Solicit Pu	ırchasers						
(Chec	k "All State	s" or check	individual	States)						***************************************		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full name	: (Last name	first, if ind	lividual)									
Business	or Residenc	e Address (Number and	d Street, Cit	y, State, Zip	p Code)						
Name of A	Associated I	Broker or D	ealer									
			as Solicited								_	AH Co
(Chec	k "All State [AK]	s" or check [AZ]	individual [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	 [HI]	All States [ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[O/1] [MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	(NY)	[NC]	(ND)	(OH)	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	נייי.) [אדן	(TX)	ניייון [עדו]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

i.	C. OFFERING PRIC	E, NUMBER OF INVESTORS,	EXPENSES AND USE OF PR	OCEEDS

1.	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amo	ount Already Sold
	Debt	-	\$	
	Equity	\$	\$	
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$	\$	
	Other (Specify Units of Common Stock and Warrants U	\$ 25,000,000	\$ 2:	5,000,000
	Total		\$ 2:	5,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Do	Aggregate Ilar Amount Purchasers
	Accredited Investors		-	5,000,000
	Non-accredited Investors		\$	0
	Total (for filings under Rule 504 only)		\$	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		-	
	Type of offering	Type of Security	Do.	llar Amount Sold
	Rule 505	=	\$	50.0
	Regulation A		<u>s</u>	
	Rule 504		\$	
	Total		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$,
	Printing and Engraving Costs		\$	
	Legal Fees	×	\$	25,000
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify) Filing fees	×	\$	100
	Total	æ	\$	25,100

5 of 9

¹ Each Unit is comprised of one share of the Company's common stock and a warrant to purchase one-half of one share of common stock.

b. Enter the difference betwee Question I and total expenses I the "adjusted gross proceeds to	urnished in response to	Part C - Question 4.a. This of	lifference is		<u>\$</u>	24,974,900
 Indicate below the amount of the for each of the purposes shown and check the box to the left of adjusted gross proceeds to the is 	If the amount for any of the estimate. The to	purpose is not known, furnish tal of the payments listed mu	an estimate st equal the			
, , ,	•	·		Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees	*******					\$
Purchase of real estate	**************************************	***************************************		\$		\$
Purchase, rental or leasing and i	nstallation of machinery	and equipment	🗖	\$		\$
Construction or leasing of plant	buildings and facilities	***************************************		\$		\$
Acquisition of other businesses may be used in exchange for the			ger)	· ·	_	·
Repayment of indebtedness				\$ \$		<u>\$</u>
Working capital				<u>\$</u>	- L	\$ 24,974,900
Other (specify):				<u> </u>	- 🖺	\$ 24,974,900
Column totals				•	- 0	\$ \$
Total Payments Listed (column total					- <u>-</u>	\$ 24,974,900
Total I ayments Listed (column tota	s added)					\$ 24,774,700
	e Brown yearth and a single of the	FEDERAL SIGNATURE	SERVICE CONTRACTOR OF STREET	na de la compania de	\$60jaj 96945	Angli wang tini t
				•		
The issuer has duly caused this notic signature constitutes an undertaking information furnished by the issuer	by the issuer to furnish	to the U.S. Securities and Exch	ange Commis	sion, upon writte		
Issuer (Print or Type)	Signature	11/4	Date	41-1-	<u> </u>	
Idaho General Mines, Inc.	T:10 - 60:	and (Driving and true)		4/3/0	<u>7 </u>	
Name of Signer (Print or Type)		gner (Print or Type)				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response.	Yes □	No ⊠
2.		ce on F	orm D (17
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by offerees.	y the is	suer to
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Unit Offering Exemption (ULOE) of the state in which this notice is filed and understand that the issuer claiming the availability of the burden of establishing that these conditions have been satisfied.		
	the issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by authorized person.	y the ur	ndersigned
Ida	suer (Print or Type) aho General Mines, Inc. Title of Signer (Print or Type) Title of Signer (Print or Type)		

Chief Executive Officer

E STATE SIGNATURE

Instruction:

Bruce D. Hansen

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

The state of the s

2 3 4 Disqualification under State Type of security ULOE (if yes, and aggregate Intended to sell offering price attach to non-accredited offered in state Type of investor and explanation of waiver granted) investors in State (Part C-Item 1) amount purchased in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 2) Units of Number of Number of Common stock Non-Accredited State Yes No and Warrants Investors Accredited Amount Yes No Amount Investors ΑL ΑK ΑZ AR CA CO CT DE DÇ FL GA н ID IL \$14,000,000 Х 3 \$14,000,000 0 0 IN IΑ KS KY LA ME MD MA Μl MN MS MO MT

APPENDIX APPENDIX

1		2 3 4						:	5
	to non-a investor	d to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Units of Common stock and Warrants	Number of Accredited Investors	Accredited Non-Accredited				
NE									·
NV	- · · · · ·								
NH									,
NJ									
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN	-								
TX									
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